

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 26, 2005 8:00 am
Secretary of State

04-27-2005 90022 047 ****50.00

DOCUMENT # L04000013575 1. Entity Name K-BAR TRUCKING, L.L.C.					
Principal Place of Business 6286 NE ROCKY FORD ROAD MADISON FL 32340			Mailing Address 6286 NE ROCKY FORD ROAD MADISON FL 32340		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 200817859-01	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SCHOELLES, PAM 627 SOUTH RANGE STREET MADISON FL 32340			7. Name and Address of New Registered Agent Name Kenneth C Herring Street Address (P.O. Box Number is Not Acceptable) 6286 NE Rocky Ford Road City MADISON FL Zip Code 32340		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Kenneth C Herring <small>Signature, typed or printed name of registered agent and sole if applicable</small>		Kenneth C Herring <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE 4-24-05	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERRING, KENNY 6286 NE ROCKY FORD ROAD MADISON FL 32340	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>Kenneth C Herring</u> Kenneth C Herring 4-24-05 850-444-1136 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					